STATE OF SOUTH DAKOTA

STATE OF SOUTH DAKOTA S.D. SEC. OF STATE Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077		
1. TITLE OF NEWSPAPER Tea+ Harristown	Chambia	2. DATE 9/13/06
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISHED ANNUALLY 3B. ANNUAL SUBSCRIPTION PRICE \$ 700 (X)		
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)		
(Not mintors)		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
6. FULL NAME OF PUBLISHER: A-SIALL II GOOD FAILS, SD 57117-5034		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and		
addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the		
names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME COMPLETE MAILING ADDRESS		
Multimedra Holdings Inc. POBOL 5034 Sian Falls, SD 57117		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1		
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		
n		
1110	AVERAGE NO. COPIES	ACTUAL NO. COPIES
9. EXTENT AND NATURE OF CIRCULATION	EACH ISSUED PRECEDING 12	ISSUED
	MONTHS	NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)	976	758
B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and	14.77	10
counter sales.	144	29
2. Mail Subscription (Paid and or requested)	689	(087
C.TOTAL PAID AND/OR REQUESTED CIRCULATION	Q 2.3	Sui
(Sum of 9B1 and 9B2) D.FREE DISTRIBUTION	6 90	816
1. BY MAIL, CARRIER OR OTHER MEANS	/	C games
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	,	-
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	833	816
F. COPIES NOT DISTRIBUTED	1/22	102
1. Office use, left over, unaccounted, spoiled after printing	102	102
2. Return from News Agents G.TOTAL (Sum of E, F1 and F2 – Should equal net press run	79	90
shown in A)	977	458
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete:		
tresident & tublisher		
(Title)		
State of South Dakota) Sworn to before me this 28 day of 3, 2006		
S. Chmuchen		
County of Minnehales Notary Public		
(Seal) JACQUELINE ZIMMERMAN \$		
Form: SOS REC 051 7/2004 SEAL SOUTH DAKOTA SEAL &		
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